



EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME (VATP) ON LAUGHING THERAPY AMONG HYPERTENSIVE PATIENT IN SELECTED COMMUNITY AREA AT CUDDALORE DISTRICT

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ABSTRACT

“Humor therapy” which involves group sessions that use humorous materials such as books, shows, movies, stories, cartoons and more in order to stimulate laughter. At the same time the practitioners are then encouraged to discuss their own humorous experiences and to dissect what it was they found funny about them etc and this is overseen by a clinician. While humor therapy can help participants to forget their troubles and help to promote positive emotions. **Objective of the Study:** To evaluate the effectiveness of video assisted teaching programme regarding laughing therapy. To associate between selected demographic variable and biophysical variable of hypertensive patient regarding laughing therapy in pretest and posttest. **Methodology:** Quasi experimental design was adopted for this study. The study was conducted in community area vadalur at cuddalore district. Convenient sampling technique was adopted to select the individuals for the study. A total sample of adult who met inclusion criteria were selected using convenient sampling techniques. **Conclusion:** The present study shows the Pretest assessment of biophysical variable out of 50 patients majority of 25(50%) of them having normal BP, 16(32%) of them having moderately having high BP, 9(18%) of them having high BP. Posttest shows that assessment of biophysical variable out of 50 patients majority of 35(70%) of them having normal BP, 10(20%) of them having moderately having high BP, 5(10%) of them having high BP. The study showed that there was a significant association between pretest biophysical variable with demographic variables such as age, gender, marital status, education, occupation, dietary pattern. And found that the subjects had improved biophysical variable on hypertension regarding laughing therapy in pretest and posttest.

KEYWORDS: Biophysical Variable, Hypertension, Laughing Therapy.

INTRODUCTION:

“Laughing is shortest distance between two people”

Laughing therapy is a cognitive behavioural therapy is located within the complementary alternative therapies and has been regarded as a longstanding complementary and alternative therapy since 1970. Laughing therapy is a “good medicine”. Laughing strengthen your immune system, booster your energy, diminish pain and protect you from the damaging effects and stress

In older adults, various strategies have been recommended by experts, among which laughter therapy is an important one. Laughter causes synchronized contraction of facial muscles, increases respiratory rate, blood flow and the release of adrenaline in blood and ultimately leads to joy and happiness. Laughter also decreases the heart beat rate and blood pressure while it increases oxygen intake in tissues by making the individuals take deep breaths.

NEED FOR THE STUDY:

Laughing therapy is a cheapest and priceless medicine. Laughter positively affects all aspects of being and a complementary option to other established therapeutic strategies for physiological, mental and emotional health.

Hypertension is the leading cause of Cardio Vascular disease worldwide. Incidence rates of hypertension range between 3% and 18%, depending on the age, gender, ethnicity, and body size of the population studied. However the people younger than 45 years and 65 years older are affected the blood pressure. The world wide, according to the world health statistics 2012 report, 23.10% men and 22.60% women above 25 years suffer from hypertension. They estimated that 57 million global death in 2008 & 36 million (63%) were due to non-communicable disease (NCDs)

Physiological benefits: laughter is a therapeutically in healing and a valuable form of preventive and complementary medicine. It provides important natural defenses against illness and reduces blood pressure. **Mental benefits:** Laughter diffuses bad stress, enhances problem solving skills, and creates a new perspective. **Emotional benefits:** Laughter elevates moods, counteracts depression symptoms. **Social benefits:** Laughter fosters better communication, and improves cooperation and empathy between people. **Spiritual wellbeing:** Choosing to laugh and be positive teaches us to choose to live and be at peace with others, with our self and with our environment in our current situation.

OPERATIONAL DEFINITION:

Assess:

Evaluate or estimate the nature of ability or quality.

In this study it refers to evaluate the knowledge regarding laughing therapy among hypertensive patient.

Effectiveness:

It is extend to which on action produces intended or desired outcome.

In this study, it refers to outcome of the VATP with the help of structured questionnaire prepared by investigator.

VATP:

Video assisted teaching programme.

In this study, it refers to systematically designed teaching programme regarding laughing therapy by the investigator to educate hypertensive patient.

Laughing Therapy:

Laughing is an involuntary reaction to certain external or internal stimuli.

In this study, it refers to create effectiveness of laughing therapy through the VATP among the hypertensive patient.

OBJECTIVES OF THE STUDY:

- To evaluate the effectiveness of video assisted teaching programme regarding laughing therapy.
- To associate between selected demographic variable and biophysical variable of hypertensive patient regarding laughing therapy in pretest and post test.

HYPOTHESIS:

- There will be a significant improved biophysical variable of hypertensive patient on laughing therapy
- There will be a significant association biophysical variable of hypertensive patient on laughing therapy.

METHODOLOGY:

Quasi experimental design was adopted for this study.

Setting of the Study:

The study was conducted at hypertensive patient in selected community area at Vadalur, Cuddalore district.

Population:

Hypertensive patient in selected community area.

Sample size:

Total number of sample size is 50 students.

Sample Techniques:

Non probability, convenient sampling technique was used to select subject for the study.

DEVELOPMENT AND DESCRIPTION OF THE TOOL:

After an extensive review of literature and discussion with experts structured biophysical variable questionnaire on effectiveness of laughing therapy were prepared the tool consist of three parts section A and B.

Section – A: Demographic Variables:

It includes variable such as age, gender, marital status, education, occupation, dietary pattern. This was used to collect baseline information.

Section – B: Biophysical Variables

Questionnaires on biophysical variable. It was prepared very carefully considering the clarity, organization and sequence of items.

RESULT AND DISCUSSION:**Section – A: Demographic variable**

Table 1: Frequency and percentage distribution of hypertensive patient according to their demographic variables

S. NO.	Demographic Variable	Frequency	Percentage (%)
1.	Age		
	a) 35-45 years	9	18%
	b) 46-55 years	14	28%
	c) More than 55 years	27	54%
2.	Gender		
	a) Male	18	36%
	b) Female	32	64%
3.	Marital Status		
	a) Married	50	100%
	b) Unmarried	-	-
4.	Education		
	a) Primary	11	22%
	b) High school	16	32%
	c) Graduate	2	4%
	d) Illiterate	21	42%
5.	Occupation		
	a) Sedentary work	7	14%
	b) Moderate work	15	30%
	c) Heavy work	9	18%
	d) Not working	19	38%
6.	Diet Pattern		
	a) Vegetarian	16	32%
	b) Non vegetarian	34	68%
7.	Duration of Disease		
	a) Less than 5 years	48	96%
	b) 6-10 years	2	4%
	c) More than 10 years	-	-

Section- B: Bio Physical Variable:

The level of biophysical variable was divided into three categories as

- 120/80-129/89mmhg – Normal blood pressure
- 130/90-140/100mmhg – Moderate blood pressure
- >140/100mmhg – High blood pressure

Table 2: Frequency and percentage distribution of hypertensive patient according to their biophysical variable for pretest

Blood Pressure Level	Frequency	Percentage
120/80-129/89mmhg	25	50%
130/90-140/100mmhg	16	32%
>140/100mmhg	9	18%

Table 3: Frequency and percentage distribution of hypertensive patient according to their level of biophysical variable for posttest

Blood Pressure Level	Frequency	Percentage
120/80-129/89mmhg	35	70%
130/90-140/100mmhg	10	20%
>140/100mmhg	5	10%

CONCLUSION:

The present study shows the Pretest assessment of biophysical variable out of 50 patients majority of 25(50%) of them having normal BP, 16(32%) of them having moderately having high BP, 9(18%) of them having high BP. Posttest shows that assessment of biophysical variable out of 50 patients majority of 35(70%) of them having normal BP, 10(20%) of them having moderately having high BP, 5(10%) of them having high BP. The study showed that there was a significant association between pretest biophysical variable with demographic variables such as age, gender, marital status, education, occupation, dietary pattern. And found that the subjects had improved biophysical variable on hypertension regarding laughing therapy in pretest and posttest.

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